

DATE RECEIVED

DISTRICT

DISTRICT ACCESSIBILITY RESOURCE GROUP (DARG) APPLICATION

Complete the information requested and submit to: **Department of Parks and Recreation, Human Rights Office, P.O. Box 942896, Sacramento, CA 94296-0001.** Applications will be retained on file for a period of one year from the date received.

APPLICANT NAME	HOME PHONE NO. ()	WORK PHONE NO. ()
ADDRESS	CITY/STATE/ZIP CODE	
WHAT KNOWLEDGE AND/OR AWARENESS DO YOU POSSESS OF HEARING, VISION OR MOBILITY IMPAIRMENT, OR ISSUES RELATING TO DISABLED ACCESSIBILITY?		
THE AMERICANS WITH DISABILITIES ACT (ADA) REQUIRES STATE AGENCIES TO ASSURE ACCESS FOR DISABLED VISITORS TO FACILITIES AND PROGRAMS. HOW WOULD YOUR EXPERIENCE ENABLE YOU TO EVALUATE COMPLIANCE WITH THE ADA?		

GIVE A BRIEF DESCRIPTION OF YOUR EXPERIENCE(S) AS AN EFFECTIVE MEMBER OF A TEAM OR WORK GROUP.

DO YOU HAVE TRANSPORTATION AND WILL YOU BE ABLE TO TRAVEL TO VARIOUS LOCATIONS WITHIN THE DISTRICT FOR MEETINGS OR TO REVIEW FACILITIES AND PROGRAMS WHEN NECESSARY?

SIGNATURE

DATE

